

AEP Planning Form and Plan

Student Name:	Student Date of Birth:
Parent/Guardian Name:	Student's Current Grade:
Address:	
District of Residence:	AEP Start Date:

Private Autism Diagnosis Information	Yes	No
Is a private diagnosis of Autism attached to this Autism Education Plan?		
Does the form clearly state the diagnosis?		
Is the diagnosis form dated and signed by the doctor or psychologist providing the diagnosis?		
Does the form include the address and telephone number of the doctor or psychologist providing the diagnosis?		
Does the form identify the student (name, address, DOB) and their parent or guardian?		

If all of the criteria above are met, the child is eligible for an Autism Education Plan that can be used for the Autism Scholarship Program in Ohio.

Consideration of the Private Autism Diagnosis

The child's school team has considered the private Autism diagnosis and made the following determination (check any that apply):

- Student has been previously evaluated by the multidisciplinary team and found ineligible for special education and related services under IDEA based on the lack of educational impact or no identified need for specially designed instruction.
- Student has been previously evaluated by the multidisciplinary team and found eligible for special education and related services under the category of _____. The student's current IEP includes supports and services to address characteristics of Autism.
- Student has been previously evaluated by the multidisciplinary team and found eligible under Section 504 as a student with a disability and in need of specific accommodations. The team does not suspect a disability under IDEA at this time. The student's current Section 504 plan is attached to this Autism Education Plan.
- Student is not suspected of having a disability under either IDEA or Section 504 at this time.
- Other:

Autism Education Plan Components:

The District recommends the following educational and related support services and therapies for the student:

- Educational Services:** to be used for tuition to enroll in a chartered nonpublic school that is approved to participate in the Autism Scholarship Program
- Related Services and Therapies:**
- None**

Name	Title	Date